

BEST AVAILABLE COPY

MULTIPLE DEPEN. FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)				CLAIM		SERIAL NO. 10/596015		FILING DATE						
						APPLICANT(S)								
CLAIMS														
	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1							51						
2		1						52						
3			1					53						
4				1				54						
5					1			55						
6						1		56						
7							1	57						
8								58						
9								59						
10	1							60						
11		1						61						
12			1					62						
13				1				63						
14					1			64						
15						1		65						
16							1	66						
17								67						
18								68						
19								69						
20								70						
21								71						
22								72						
23								73						
24								74						
25								75						
26								76						
27								77						
28								78						
29								79						
30								80						
31								81						
32								82						
33								83						
34								84						
35								85						
36								86						
37								87						
38								88						
39								89						
40								90						
41								91						
42								92						
43								93						
44								94						
45								95						
46								96						
47								97						
48								98						
49								99						
50								100						
TOTAL IND.	2	↓			↓		↓							
TOTAL DEP.	14	←			←		←							
TOTAL CLAIMS	16													